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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.10(a))		
TOTAL CLAIMS (37 CFR 1.10(c))	minus 20 *	
INDEPENDENT CLAIMS (37 CFR 1.10(d))	minus 3 *	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.10(d))		

RATE	FEE
	\$ 1,000
x \$ 1,000 *	
x \$ 1,000 *	
x \$ 1,000 *	
TOTAL	

RATE	FEE
	\$ 1,000
x \$ 1,000 *	
x \$ 1,000 *	
x \$ 1,000 *	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.102)	89	86	3
Independent (37 CFR 1.102)	7	10	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.102)			

RATE	ADDITIONAL FEE
x \$ 1,000 *	
x \$ 1,000 *	
x \$ 1,000 *	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x \$ 1,000 *	
x \$ 1,000 *	
x \$ 1,000 *	
TOTAL ADDITIONAL FEE	

(Column 1)

(Column 2)

(Column 3)

RATE

ADDITIONAL
FEE

RATE

ADDITIONAL
FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.102)			
Independent (37 CFR 1.102)			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.102)			

RATE	ADDITIONAL FEE
x \$ 1,000 *	
x \$ 1,000 *	
x \$ 1,000 *	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x \$ 1,000 *	
x \$ 1,000 *	
x \$ 1,000 *	
TOTAL ADDITIONAL FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.102)			
Independent (37 CFR 1.102)			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.102)			

RATE	ADDITIONAL FEE
x \$ 1,000 *	
x \$ 1,000 *	
x \$ 1,000 *	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x \$ 1,000 *	
x \$ 1,000 *	
x \$ 1,000 *	
TOTAL ADDITIONAL FEE	

* If the difference in column 1 is less than zero, enter "0" in column 2

* If the highest number of claims is less than 20, enter "20" in column 2

* If the highest number of independent claims is less than 3, enter "3" in column 2

* If the highest number of multiple dependent claims is less than 1, enter "1" in column 2

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3-15-05

Shawn

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